



PAKISTAN PENSION FUND
ALHAMRA ISLAMIC PENSION FUND

REQUEST FOR EMPLOYER'S REGISTRATION FORM
FORM - VPS - 02

Date: _____ Please write in block letters using black ink

1 - DETAILS OF EMPLOYER

Type of Institution	Company	Partnership	NGO	Trust	Others
Company Name					Phone
Provident Fund	<input type="checkbox"/> Recognized		or		<input type="checkbox"/> Non-Recognized
Address					
City & Country	/	Postal Code	Business Nature		
Company NTN/Registration No.	Date of Incorporation				
Contact Person Name	Contact Person Designation				
Contact Person Mobile Number	Contact Person Email Address				

Name and Signatures of Authorized Signatories

1. Name					Specimen Signature
CNIC No.			Mobile No.		
Designation			Email Address		
2. Name					Specimen Signature
CNIC No.			Mobile No.		
Designation			Email Address		
3. Name					Specimen Signature
CNIC No.			Mobile No.		
Designation			Email Address		
4. Name					Specimen Signature
CNIC No.			Mobile No.		
Designation			Email Address		

Total Number of Employees		Number of Employees Enrolled	
Account Opening of the Employees	<input type="checkbox"/> Digital		or <input type="checkbox"/> Physical

2 - DETAILS OF INVESTMENT ALLOCATION SCHEME

I/We, the Authorized Signatory(ies), hereby instruct to the Pension Fund Manager that all future contributions received from employees of my/our Institution ("Employees") will be processed in the Investment Allocation Scheme selected below. Employees are allowed to change this selected Investment Allocation Scheme by submitting relevant application form to the Pension Fund Manager.

HIGH VOLATILITY				MEDIUM VOLATILITY				LOW VOLATILITY				LOWER VOLATILITY			
√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET	√	EQUITY	DEBT	MONEY MARKET
<input type="checkbox"/>	80%	20%	NIL	<input type="checkbox"/>	50%	40%	10%	<input type="checkbox"/>	25%	60%	15%	<input type="checkbox"/>	NIL	60%	40%
<input type="checkbox"/>	65%	35%	NIL	<input type="checkbox"/>	35%	55%	10%	<input type="checkbox"/>	10%	75%	15%	<input type="checkbox"/>	NIL	40%	60%

3 - AUTHORISED SIGNATORIES

_____	_____	_____	_____
Signature 1	Signature 2	Signature 3	Signature 4

4 - FOR OFFICIAL USE ONLY

Facilitator's Information

Facilitator's Name	Facilitator's Code	Remarks/Instructions	Authorised Signature

Distributor's Information

Distributor's Name	Distributor's Code	Transaction Code	Transaction Date
Name of the Authorised Person at Distribution Centre			Authorised Signature

For Registrar Use Only

Request Form Received On	Data Verified By	Data Input By

Remarks

Attach list of all authorised signatories in case of more than four signatories.